AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kenichiro SHINOI et al.					Docket No. 009289-05161	
Application No. 10/542,611	Filing Date July 18, 2005	Examiner N. Bolourchi	Cu	stomer No 52989	Group Art Unit	Confirmation No. 7286
	URACY MEASUREM NNEL QUALITY REP	ENT APPARATUS AN ORT	D ACCURA	CY MEAS	UREMENT ME	THOD FOR
		COMMISSIONER FO	OR PATEN	rs:		
		n the above-identified a mitted as shown below				
		CLAIMS AS AN	MENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER I		RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 -	0	×	\$52.00	\$0.00
INDEP. CLAIMS	2 -	3 -	0	×	\$220.00	\$0.00
Multiple Dependent Claims (check if applicable)						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00
☐ The Direct communic ☐ Any a ☐ Payment b	ation or credit any ove additional filing fees red atent application proces by credit card. Form PT Information on this	to cover the filing d to charge payment of impayment to Deposit Auguired under 37 C.F.R. essing fees under 37 C FO-2038. form may become pucredit card information	the following th	ng fees ass I-1061 It card info	rmation should	
/Jam	es Edward Ledbette Signature	r/	Dated:	September	24, 2009	
Dickinson Wright 1875 Eye Street, N Washington, D.C. 20006 Telephone: 202.45 Facsimile: 202.659		I heroby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as sirrical class mail in an envelope addressed to "Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1 8(a)] on (Date)				
				Signature of	Person Mailing Core	respondence
00:	CC: Typed or					